

Resource Guide to the Preliminary Findings of the Focus Group Research

in conjunction with the
Illinois Department of Insurance
State Planning Grant

and the

Illinois Assembly Process
Springfield, Illinois
July 10-12, 2001

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Focus and Nominal Group Resource Guide Overview

This resource guide represents a compilation and synthesis of 23 focus groups that have thus far been completed as part of the Illinois Department of Insurance State Planning Grant. The focus groups have been conducted in all five regions of the state (Southern Illinois, Central Illinois, Cook County, the Collar Counties, and Northwest Illinois), and are comprised of small business owners offering health insurance, small business owners not offering health insurance, representatives of health and social service agencies, members of the insurance industry, medical providers, members of local governments, and the uninsured themselves.

The purpose of the focus groups is to provide some texture and nuance to the quantitative findings and literature reviews that will make up a large portion of the framework from which the Illinois Assembly Process will operate. Moreover, the focus group sessions represent a medium for various constituencies and stakeholders to have a voice in the planning process. While focus groups do not represent a data source from which broad inferences can be made, they still provide that important "insider's story" that can otherwise become lost in a quantitative maze of tables and figures.

In each focus group we asked a series of pre-determined questions intended to stimulate discussion among group participants about their experiences stemming from the problem of un and under insurance in Illinois. A note-taker compiled detailed notes during each focus group, and each session was tape-recorded, making it possible for note-takers to double check and augment their notes as needed.

These notes then formed the backbone of our analysis. Each literal or paraphrased comment by focus group participants was placed in a database, along with group type and the question to which it was a response. Two research assistants read each comment and independently created a series of themes into which the comments were organized. When this process was complete, the entire focus group team met to review and fine tune the categorization scheme in order to insure a reasonable degree of "inter-rater" reliability. These themes were then entered into the database with the corresponding comments. Themes were augmented or added as information from subsequent focus groups was added to the database. In this fashion, we were able to organize the database, and hence our analysis, by theme, focus group type, question, or region of the state.

The following pages include literal or paraphrased quotes by focus group participants. These quotes are organized first by question asked, and then by the theme. We selected quotes for the resource guide that we felt best captured the "spirit" or intent of the theme. In some cases, several quotes are included under a theme to illustrate the prevalence of a particular point of view, or alternatively the diversity of opinions regarding some theme (e.g. whether mental health benefits should be included in a minimum benefits plan). Only themes that were voiced more than once by a particular type of group were included in this analysis.

We also included a "nominal group process" during most of the focus group sessions (with the exception of the uninsured). Participants were asked to write down five potential solutions for closing the health insurance gap in Illinois. These recommendations could be broad (e.g. make people more accountable for their health

insurance status) or more specific (e.g., expand Kidcare to cover parents). Participants were then asked to state their primary recommendation, which we recorded on a large post-it. Depending on time and the number of participants, each participant had the opportunity to state 2-3 recommendations. In this manner, 10-15 ideas were generated, discussed, clarified and adapted by the group as they deemed appropriate. Participants were then asked to independently rank their top five choices. We compiled the ranks across group participants and arrived at a final consensus ranking. We entered the top five ideas from each group into a database, and determined emerging themes. These themes and supporting ideas are included in this resource document.

A glossary that defines in greater detail the themes that are found in the resource guide is included in this report. In some cases, the definitions may deviate slightly from common usage.

Glossary of Focus Group and Nominal Group Themes

Theme	Definition
Abuse Of Public Health Programs	The use of public health programs by individuals who can otherwise afford health insurance, or the overuse of public health programs for purposes over and above the purpose for which the program was intended.
Access To Providers	The ability to use a preferred medical provider.
Affects Basic Living Choices	When one's health insurance status forces them to make certain choices that affect their quality of life and that might be made differently if they had adequate health insurance.
Affects Work	When one's health insurance status forces them to make work-related choices that might be made differently if they had adequate health insurance.
Affordability	The ability of an individual or family to afford health insurance, or the ability of a small business to afford health insurance for their employees.
Attract/ Retain Emps	A role that health insurance plays for small businesses that are able to provide it to their employees.
Beneficiary Contribution	The monetary amount that each individual or family should contribute for their own health care plan, whether the health care plan is public or private.
Catastrophic	Any health care plan described by focus group participants that includes provisions for coverage of catastrophic health events.
Choose Not	An active choice made by individuals to not purchase health insurance.
Chronic Care	On-going care requiring the award of benefits on an on-going basis.
Community Outreach	Organized efforts by community or social-service organizations.
Controlling Costs	The idea that any health care plan that effectively targets a large segment of the uninsured population must be designed with cost control mandates in place.

Theme	Definition
Cultural Barriers	Barriers to health care or health insurance based on cultural value, behavioral, and language differences from the majority culture. Also includes fears and uneasiness of minority cultures interacting with the majority culture.
Delay Treatment	When necessary treatment is delayed as a cost saving measure because of lack of health insurance.
Desire Employer Based HI	The desire of employees to receive health insurance through their employer.
Education/paradigm shift	The view that people should be better educated about the importance of HI, their responsibility to obtain HI, their responsibility to obtain enough education to earn a well-paying job that offers HI, and/or a shift in values concerning what HI should cover.
Emergency Rooms	The use by the uninsured of emergency rooms rather than a primary physician to treat acute or chronic health conditions.
Expectancy	A sense of expectation or entitlement about health insurance/health care, including such perspectives as the idea that health care should be free, that an insurance policy will extend to an wide or exhaustive range benefits, that an employer should pick up the entire cost of an employee's health care plan, etc.
Financial Security	Refers to the compromise of financial security (e.g., becoming bankrupt or losing significant personal assets) as a result of one's health or health insurance status.
Good Service/Coverage	Perception that one has received good service or has obtained good benefits from a health insurance program.
Gov't Mistrust	Refers to skepticism of any public programs due to mistrust in the government's ability to effectively, fairly, and efficiently administer those programs.
Guaranteed Issue	Describes the ability to have access to health insurance at an affordable rate, regardless of health or employment status.
Hassles/Red Tape	Refers to bureaucratic delays, paperwork, and rules and regulations that make compliance difficult. Also refers to the belief that such rules, etc., are cumbersome and unnecessary.

Theme	Definition
ICHIP Concerns	Concerns about the cost and availability of ICHIP programs.
In And Out Of Gap	Refers to an individual's inconsistent and changing health insurance status as a result of employment and/or health status.
Inadequate Benefits	Health insurance not covering or inadequately covering a health-related service.
Insured Elsewhere	When employees opt not to take employer based health insurance because they are already insured through a spouse.
Kidcare Coverage	The benefits and structure of the Illinois Children's Health Insurance Program -- Kidcare
Lack Of Autonomy	Inability to make health-care related decisions.
Lack Of Awareness	Unfamiliarity with a program, benefit, safety net, law, or other concepts.
Lack Of Beneficiary Commitment	Recipients of health insurance benefits not following health regimens, such as showing up for appointments.
Limits	Concerns limits on insurance plans
Litigation Concerns	Concerns about costs associated with protecting oneself from law suits.
Managed Care System	An insurance program which manages health service delivery.
Mandates	Laws dictating that health insurance programs cover a specific type of benefit.
Marketing Legitimacy	Utilizing marketing channels that are perceived to be reputable and trustworthy.
Media	Radio, TV, Newspaper and other forms of public information.
Mistrust In Government	Belief that government-run programs are poorly run.
Misuse Of Public HI Programs	Perception that beneficiaries of public health insurance programs take undue advantage of the coverage.

Theme	Definition
No Crowd-Out Concerns	Refers to the general lack of concern on the part of many participants that expanded public insurance programs will affect the present system of private health insurance benefits.
Part-Time/ Seasonal Workers	Individuals who work less than 35 hours a week, or who only work during specific times of the year, based on the nature of the work (e.g., construction).
Policy favoring policy holder	Any idea stating that policies should not penalize healthy individuals in a group plan (e.g. individualize policies w/in group), reward policy holders for few claims, or not place undue emphasis on certain pre-existing conditions.
Poor Treatment	Perception that one is treated poorly by health service professionals or staff.
Provider Charity	When medical providers donate or discount services or other resources (e.g. prescription drugs) to un or under-insured rather than try to collect for those services/resources through public aid reimbursement.
Rate Increases	The cost of obtaining health insurance increasing from year to year.
Reimbursement	Obtaining third-party fees for the delivery of health care services.
Right To Public HI Programs	Perception that one has a right to obtain health insurance or to be enrolled in a public health insurance program.
Risk Rating	An insurance company's assessment of risk for a given individual or group which influences the rates that are charged for health insurance.
Saved From Financial Ruin	Perception that one would not become bankrupt or lose significant personal assets.
Stigma	Perception that one will be viewed or treated in a negative manner.
Use Of General Assistance	Obtaining resources from a community General Assistance fund, such as that maintained by a Township.
Word Of Mouth	Informal transmission of information, advice, perceptions from one individual to another.

Focus-Group Findings: Questions and Themes

I. Lack of HI effects

Theme	Group Type	Representative Quote
Affects Basic Living Choices	Loc. Gov't	<i>Those who are unemployed or making minimum wage think they can get by without insurance” – they have to make a choice between health insurance (eventual need) or food (primary need).</i>
	Uninsured	<i>I have to make choices about going to the doctor or buying diapers, etc.</i>
Rationing Payments/ Therapy	Uninsured	<i>We can sometimes afford some health care but we really have a difficult time affording a hospital stay. I pay the people who have to be paid. Hospitals just have to wait.</i>
	Loc. Gov't	<i>The issue of prescription... Some people don't get their prescriptions so, something that is preventable accelerates... Those who must take their prescriptions regularly (diabetics, high blood pressure) end up sharing their medication with their spouses or family members.</i>
Delay Treatment	Uninsured	<i>I won't be able to afford therapy for an injury because we already owe medical bills that we can't pay.</i>
		<i>I would rather tough it out rather than lose ½ year's salary for medical treatment.</i>
		<i>I go only when I really have to go. My husband took me one time because he said my life was more important than money.</i>
Emergency Room	Uninsured	<i>My son was so sick that I took him to the emergency room. The bill was \$1000 and it took a year to pay it off.</i>
Financial Security	Uninsured	<i>It hurts one's credit because an illness will force us to seek medical help when we cannot afford it. Kids always get sick.</i>
		<i>Lack of HI affects people's lives in other ways. Some families break up because they owe too much.</i>

Table continues

Lack of HI Effects, con't

Theme	Group Type	Representative Quote
Falling in and out of HI Gap	Uninsured	<i>I've been on and off health insurance for several years. My husband works for a small company and there have been times when we really could not afford it. We have been told that we make too much to qualify for public aid. We fall through the cracks.</i>
Poor Treatment	Uninsured	<i>Being Hispanic has resulted in me getting very reluctant help.</i> <i>They treat me so poorly at the hospital that I try never to go.</i>

II. Why People Lack Health Insurance

Theme	Group Type	Representative Quote
Access To Providers	Health and Soc. Serv.	<i>In some cases, HI is available but no providers are present in the area.</i>
Affordability	Ins. Agnts	<i>The costs itself; being driven by higher medical costs, cost shifting, making the product so good that no one can afford it.</i>
		<i>People who don't pay their bills make the costs rise and thus we all pay for it if we can.</i>
	Loc. Govt	<i>People have low salaries. It's people making seven or eight dollars an hour. They have families that can't afford it or just can't do it.</i>
	Providers	<i>Some employed people have insurance but can't afford to cover their families.</i>
	Health and Soc. Serv	<i>People who are struggling to survive financially can't see putting out \$150 per mo. for insurance.</i>
	Uninsureds	<i>I had insurance when I had my child, but then our company closed and he had to go a couple of months without insurance. He now has KidCare and my new baby will qualify and I have KidCare Mom now but won't have health insurance after she is born.</i>
Choose Not to Purchase HI	Providers	<i>Many are eligible but not on Medicaid HI. Some do not choose to buy insurance who can afford it.</i>
	Health and Soc. Serv	<i>Some think they just don't need it, especially young people who haven't been sick before. Males are more likely to feel this way than females.</i>
Cultural Barriers	Loc. Govt	<i>Lack of documentation/illegal clients misusing Social Security Number.</i>
Result of Delaying Treatment	Ins. Agnts	<i>Too many people wait until they have a health problem before seeking insurance, thus they are a poor risk.</i>

Table continues

Why People Lack Health Insurance, con't

Theme	Group Type	Representative Quote
Poor Economy	Loc. Govt	<i>Our economy's on edge. There are a lot of people here who are going to be unemployed.</i>
Employer Doesn't Offer	Ins. Agnts	<i>Fewer companies are offering health insurance, thus less competition and higher costs for the consumer.</i>
	Providers	<i>In effort to move people from welfare to work, have often moved people to minimum wage jobs with employers who do not offer insurance.</i>
	Health and Soc. Serv	<i>Small employers cannot afford to offer it.</i>
Employer-Insurance Expectancy	Ins. Agnts	<i>HI was an outgrowth of processes initiated during WWII, due to wage and price controls, so employers had caps on wages and HI was a way to attract employees.</i>
	Providers	<i>Our society links health care coverage with employment. This is a problem because people are not taking responsibility for covering themselves.</i>
Hassles/Red Tape	Ins. Agnts	<i>KidCare application is ridiculous, thus we don't wish to deal with it.</i>
	Providers	<i>Do not have knowledge base to go through paperwork process required to get on Medicaid.</i>
	Health and Soc. Serv.	<i>Our chamber of commerce tried to do a small business coverage plan, but have not been able to do it because of bureaucratic and legislative problems. Tried to "adjust" to rules, but were thwarted.</i>
Ineligible For Public HI	Providers	<i>Narrow definition of "health care" – many who seek services in community mental health agency do not qualify for Medicaid, yet have serious problems</i>
Lack Of Awareness	Providers	<i>Many are eligible for Medicaid and don't know it.</i>

Table continues

Why People Lack Health Insurance, con't

Theme	Group Type	Representative Quote
Lack Of Awareness	Health and Soc. Serv	<i>Some people who grow up on public aid get low paying jobs and are not aware or are confused about what is available to them.</i>
Litigation Costs	Providers	<i>Litigation costs make health care coverage more expensive.</i>
Mandates	Ins. Agnts	<i>State mandates often hurt small employers by their very nature of the mandates.</i>
Misuse Of Public Programs	Loc. Govt	<i>I also think people take on the attitude that if I get sick other people are going to help me pay.</i>
Problems of Pre-Medicare Population	Loc. Govt	<i>There are people who are in the 62-65 group who are not eligible for health care because they are over the guideline. So, they have nothing...And they are not making enough... I know people who have looked in the major medical with the big deductible but they still can not afford the premium.</i>
Part-time	Health and Soc. Serv	<i>Part-time employees. Since employers don't have to provide health insurance to part-time employees, some of them choose to hire part-timers.</i>
Poor Treatment	Health and Soc. Serv.	<i>Some may not care about getting HI or going to doc because they feel they get treated poorly, especially foreign women.</i>
Portability Concerns	Providers	<i>Seasonal and immigrant employees are not usually covered because of the hassles of switching plans as they move from jobs or locations.</i> <i>People who leave jobs have option of maintaining coverage, but very expensive.</i>
Pre-Existing Conditions	Ins. Agnts	<i>People in the 55-64 year age group have difficulty getting insurance because of pre-existing conditions.</i>

Table continues

Why People Lack Health Insurance, con't

Theme	Group Type	Representative Quote
Pre-Existing Conditions	Loc. Govt	<i>I have a friend who could not transfer her health insurance to her new job. Health insurance companies do not pick someone up if there is a preexisting condition.</i>
	Providers	<i>If one family member has a chronic health condition, this problem contributes significantly to the family's ability to afford HI.</i>
	Health and Soc. Serv.	<i>Some can afford it but the hi is not available because they may have a pre-existing condition.</i>
Profit Minded	Providers	<i>Insurance originally devised as a distribution of risk, but has evolved into something else – now it means avoiding risk.</i>
Rate Increases	Ins. Agnts	<i>A small group of people who have a few high-risk people can shoot up the max rate very high. The max rate will occur. HI use to be pretty standard nationwide. No longer that way, can't have a single rate per person across the state.</i>
Inadequate coverage	Providers	<i>Dental insurance (and others, such as mental health) is seen as fringe benefit rather than part of the health insurance package.</i>
Immigrant concerns	Health and Soc. Serv.	<i>Even documented/legal immigrants have to wait 5 years after they get their green card until they are eligible for Medicaid.</i>
		<i>Transient populations (migrant workers; those fluctuating between employment and unemployment)– don't get enrolled in programs because they're not around long enough.</i>
Unemployment	Providers	<i>Unemployment is an obvious problem. Some are between jobs.</i>
	Health and Soc. Serv.	<i>Some clients are unable physically to work. There's a time period when they're filling out all the paper work – in the mean time – no insurance.</i>
Universal Health Care	Ins. Agnts	<i>The largest insurance companies would like to see some form of national health care. Small companies are still trying to make a profit in writing health insurance policies.</i>

III. How Medical Needs are Being Met

Theme	Group Type	Representative Quote
Delay Treatment	Business without HI	<i>We do not run to the doctor unless we are really ill. Since we don't go to the doctor often, we would rather save insurance premiums and pay for medical help when we need it.</i>
	Loc. Gov't	<i>People will not pay for mental health insurance or dental insurance. Only those covered by their employers have these forms of insurance.</i>
	Health and Soc. Serv	<i>Most people go for health care only when they are so sick that they cannot treat the problem themselves. Their first encounter with the system is the emergency room.</i>
	Uninsured	<i>We just don't go to the dentist. We keep a few dollars in savings to help us when we really need health care.</i>
Emergency Room	Loc. Gov't	<i>I have a neighbor who uses the ER as their primary source of medical care. They have the children insured by the school and parents no insured at all.</i>
	Health and Soc. Serv	<i>Many go to the emergency room for health needs because they don't have HI, and don't qualify for Medicaid.</i>
Free Clinics, Health Depts., and Community Programs	Loc. Gov't	<i>One of the participants reports the services from her Township – Community Family Health Care Clinic, also funded by ACCESS TO CARE. This clinic doesn't take any client with private insurance. They are charged a \$10.00 fee per visit. They will take clients even if they are undocumented.</i>
	Health and Soc. Serv	<i>Free clinic in Elgin – for indigent patients who can't pay anything – it's [staffed by] volunteer physicians and [other] volunteers – expansion is opening in July-sliding scale payment.</i>

Table Continues

How Medical Needs Are Being Met, con't

Theme	Group Type	Representative Quote
Free Clinics, Health Depts., and Community Programs	Health and Soc. Serv	<i>[There are] lots of referrals to Cook Co. Hospital – that's the closest place for indigent care.</i>
	Uninsured	<i>Some local agencies may provide limited assistance in getting medical help. Salvation Army, etc. may help on a limited basis.</i>
Home Remedies	Uninsured	<i>Uninsured people do not go to the doctor. We try to get by with home remedies.</i>
Provider Charity	Health and Soc. Serv	<i>Some doc in suburbs will refer patients to Cook Co. hosp., but then he goes there and does the surgery himself – the cost is better for the patient, but there is the issue of transportation still.</i>
	Uninsured	<i>It's just easier to do the service for free than to mess with all the red tape.</i> <i>Doctors and dentists who donate some time often get overwhelmed for help once uninsured people find out.</i>
Insurance Industry Concerns	Ins. Agnts	<i>Our underwriters think differently. They are greedy. They think of a loss as making less profit.</i>
		<i>Some [insurance] companies feel they can't make enough profit, so they get out of health insurance.</i>

IV. Definition of Under-Insured

Theme	Group Type	Representative Quote
Ins. Won't Cover	Providers	<i>50% of those who enter therapy come with relationship concerns, but insurance company rarely covers marital therapy... Substance abuse even worse – takes average of 4 treatment episodes before someone gets cleaned up</i>

V. Problems related to participation in public HI programs

Theme	Group Type	Representative Quote
Lack of access to providers	Uninsureds	<i>Some doctors and dentists do not accept Medicaid patients.</i>
	Providers	<i>Some providers are reluctant to take on public aid patients.</i>
	Health and Soc. Serv	<i>Transportation is a problem.</i>
Cultural Barriers	Health and Soc. Serv	<i>Many Hispanics fear going to docs because of costs, lack of knowledge of what is available, language, etc.</i>
Mistrust in Government	Providers	<i>Physicians don't have enough faith in the programs to support expanded statewide efforts.</i>
Hassles/red tape	Providers	<i>The hassles of dealing with all of the strings that are attached coupled with the minimal rewards are often not worth it.</i>
	Health and Soc. Serv	<i>There are obstacles for those who qualify for Medicaid and then at the hearings they get turned down.</i>
	Uninsureds	<i>I received an application, filled it out, but forgot to sign it. They returned it and I signed it, but haven't heard from them again.</i>
ICHIP concerns	Providers	<i>ICHIP is very expensive.</i>
Kidcare coverage	Uninsureds	<i>Kidcare is good, but we, the parents, are left without insurance.</i>
Lack of awareness	Health and Soc. Serv	<i>Some are eligible but don't know it.</i>
	Uninsureds	<i>Maybe a newspaper article that explains about KidCare, and other public programs would help people better understand why some need it.</i>
Stigma	Providers	<i>The stigma associated with public aid is somewhat diminished today.</i>
	Health and Soc. Serv	<i>The perceived environment of getting public assistance may lead to feeling that it's not for me.</i>
	Uninsureds	<i>Don't want to be lumped together with those who are freeloading.</i>

VI. Problems experienced with public HI programs

Theme	Group Type	Representative Quote
Lack of Beneficiary Commitment	Providers	<i>The no-show rate from the public aid population is huge. This adds to costs.</i>
	Health and Soc. Serv	<i>It's on an as-needed basis – they don't engage in routine health care (immunizations, etc.)</i>
Hassles/red tape	Local gov't	<i>The medical field is getting to be like a car shop. It's a certain thing you go in for. You have "X" number of hours and then you're thrown out. You're sick for a couple of days and then thrown out. This is the insurance that is driving you out.</i>
	Providers	<i>No longer possible for family practitioner to be family practitioner, doesn't have time to spend sufficient time with patient [due to hassles of dealing with public insurance programs].</i> <i>Only paid for one service if two done at same time, but would be paid if patient came in twice.</i>
	Health and Soc. Serv	<i>The billing system should be consistent – the same as that used for private insurance. Uniform forms, codes, reimbursement rates between public and private insurance – more docs would be willing to participate.</i>
Lack of Autonomy	Providers	<i>Health care industry runs entire medical care system. Decide who gets admitted, how treated.</i>
Litigation concerns	Providers	<i>There is the reality of litigation from both public and private insurance carriers. We surgeons especially experience this problem.</i>
Managed care system problems	Providers	<i>Chose to close practice rather than work in an atmosphere that was not supportive of providing services. I did pro bono work from beginning of practice because felt it was right thing to do, but was doing increasingly more because more of caseload didn't have sufficient coverage</i>

Table continues

Problems experienced with public HI programs, con't

Theme	Group Type	Representative Quote
Misuse of public HI programs	Local gov't	<i>They need some control on it...They take advantage of it. Social workers don't argue. They let them right in.</i>
	Providers	<i>Some are 2nd and 3rd generation welfare, so they know the system and how to play it.</i>
Poor treatment	Uninsured	<i>I've been treated as if I were a smoker or drinker. I'm neither. I resent the treatment.</i>
Provider charity	Health and Soc. Serv	<i>Some physicians just "write it off"/provide services for free because it's easier than doing the paper work for public assistance programs. This is being discouraged by the government.</i>
Reimbursement	Providers	<i>Too often we doctors are told to accept more public aid patients for low pay, slow pay or no pay.</i>
	Health and Soc. Serv	<i>The reimbursement isn't that great either. It costs more to use staff to do all the paperwork, than to just do the care for free, and use the staff for something else. Many practices aren't profit driven in the first place. If someone needs care, they should get care regardless of the cost.</i>
Inadequate benefits	Health and Soc. Serv	<i>Mental health is ignored across the board. Period.</i>

VII. Positive perceptions of public HI programs

Theme	Group Type	Representative Quote
Right to Public HI programs	Uninsured	<i>Welfare is paid by taxes. I paid taxes with my job so if I were to lose it, I feel entitled to it.</i>
Use of General Assistance	Health and Soc. Serv	<i>GA can help in some cases.</i>
Good service/coverage	Health and Soc. Serv	<i>Strengths – people can be served by these organizations.</i>
	Uninsured	<i>The program of Medicaid and KidCare are good and helpful for those we know who qualify.</i>
Minimum hassles	Uninsured	<i>I really did not find signing up for KidCare a big problem. They were helpful and friendly. It took a month or two.</i>
Kidcare coverage	Local gov't	<i>We promote and they accept, with great gratitude, the KidCare program... When they come to us, they are pretty desperate..."</i>
Saved from financial ruin	Uninsured	<i>I had a man tell me that I should not accept welfare if I were a "true man." When I was about to lose my home I decided that stigma was not important.</i>

VIII. Why Businesses offer HI and Their Struggles to Maintain It

Theme	Group Type	Representative Quote
Affordability	Business with HI	<i>We have just increased the deductible in order to hold down costs.</i>
Attract/ Retain Employees	Business with HI	<i>It was a necessity. It encourages employees to work for me. It makes us more competitive in spite of the expense.</i> <i>I feel secure that my few employees would stay with me.</i>
Expectancy	Business with HI	<i>I feel that some employees don't really have an appreciation for getting hi offered to them. They don't know just how much it costs.</i>
	Ins. Agnts	<i>Employers need to educate employees about the costs and coverage provided, thus employees don't really understand these issues.</i>
Hassles	Business with HI	<i>Having a good agent helps with the regulations hassle.</i>
Managed Care System	Business with HI	<i>I hate HMOs but we just went to one because it is the most cost effective way to go.</i>
Moral Obligation	Business with HI	<i>We had an employee with a brain tumor whose bills must have been enormous, but couldn't imagine not having insurance for him. The costs and benefits are incalculable. Can't put a dollar value on this.</i>
Rate Increases	Business with HI	<i>Costs go up about 20% a year. To keep prices down, benefits get trimmed.</i>
Self Coverage	Business with HI	<i>Husband (who co-owns the business) was turned down from other health insurance and from other state programs (ICHIP?). So one reason for offering insurance to employees is to get insurance for ourselves.</i>
Tax Incentive	Ins. Agnts	<i>Tax leveraging is a benefit for the employer.</i> <i>Tax leveraging isn't a big a benefit to employer.</i>

IX. Why Businesses Don't Offer Health Insurance

Theme	Group Type	Representative Quote
Affordability	Business without HI	<i>My business has increased by 5-10% the past few years but my insurance costs rose by several more percent, thus, I no longer carry HI.</i>
Employees choose not to purchase HI	Business without HI	<i>I paid an employee more money so that he could purchase his own HI but he chose to spend the extra money elsewhere.</i>
Insured elsewhere	Business without HI	<i>Some employees have insurance through their spouses.</i>
Mandates	Ins. Agents	<i>There has to be a partnership between govt. and health insurance companies. Too many govt. mandates may force health insurance companies out.</i>
Part-time/seasonal workers	Business without HI	<i>We have several part-time workers. Some are part-time students and thus, they don't have school insurance. That's a real concern to us.</i>
Rate increases	Business with HI	<i>In the health insurance industry, you have to consider the costs and elasticity. There is a bottom line. The costs keep going up.</i>
	Business without HI	<i>The illness of one employee raised the costs very high for all of the other healthy employees.</i>
Risk rating	Business without HI	<i>It seems that HI is rated more individually rather than as a big group thus, we don't get a very good break when it comes to costs.</i>

X. Desire for Employer Based HI

Theme	Group Type	Representative Quote
Affordability	Business without HI	<i>It's hard to give a big enough raise to allow them to afford the insurance, even if they would buy it.</i>
	Uninsured	<i>If it costs too much for the co-pay, I would not take it.</i> <i>I know of someone whose premium pay about \$265 per month. I could not afford that for me.</i> <i>The cost [of employer HI] may encourage others to not take a job because if they don't work they can get on public assistance.</i>
Attract/Retain Employees	Business without HI	<i>We have good [employees], but I'm afraid we are going to lose them soon due to not being able to offer health insurance.</i>
Choose Not	Business with HI	<i>Some who opt out of our offered health insurance programs really can afford it but choose to spend their money in other ways.</i>
	Ins. Agnts	<i>Most employers' plans don't cover 100% of premiums. So younger people bail out because they opt out. We should carve out this younger set of the uninsured, because they could afford it if they chose to do so.</i>
Desire for Employer HI	Uninsured	<i>We would not turn down employer-based HI.</i>
Expectancy	Business with HI	<i>When we pay 100% [of the premiums], then the employees may not have a true understanding about the high costs of health insurance.... Every time an increase in premiums occurs, the employee gets a raise without knowing it.</i>
Insured Elsewhere	Business with HI	<i>Very few employees take it with me because my employees are not the primary wage earner.</i>
	Ins. Agnts	<i>May opt out because other spouse has better benefits and charge to the spouse is cheaper than the cost under own group plan.</i>
Part-time	Uninsured	<i>Part-time workers usually don't get insurance offered to them and that is not fair.</i>
Portability	Uninsured	<i>I lost health insurance when my job closed and I did not get my severance pay and opportunity to continue health insurance.</i>

XI. Mechanisms that would help Small Businesses

Theme	Group Type	Representative Quote
Purchasing Group	Business without HI	<i>Purchasing alliances might help several companies.</i>
	Ins. Agnts	<i>If Illinois could offer a small business plan that would cover many employees state-wide that might allow us to afford it.</i>
		<i>Purchasing alliances would work if the same rules apply for these that apply to the Blue Cross, Aetna, policies, etc.</i>
Tax Incentives	Business without HI	<i>We can deduct some costs now, but not enough to help us afford health insurance.</i>
	Ins. Agnts	<i>A direct individual tax credit to pay for health insurance premiums might work really well and reduce the [number of] uninsured.</i>
Access to Providers	Business with HI	<i>Had to separate from the [HI] parent company because of the complications due to changes in PPOs etc., so, we're less flexible and powerful than we use to be.</i>

XII. Minimum Benefits

Theme	Group Type	Representative Quote
Affordability	Uninsured	<i>Lowering prices of basic care would be helpful.</i>
Basic Health Plan	Business without HI	<i>Hospitalization, outpatient, mental, drugs would be included, maybe with co-pay.</i>
	Ins. Agnts	<i>Hospitalization, outpatient, mental, drugs would be included, maybe with co-pay.</i>
		<i>Basic medical expenses, no mental, dental, vision, etc.</i>
	Provider	<i>Should cover well-care, preventive care, maintenance care, catastrophic care, leave rest to patients.</i>
	Uninsured	<i>Kids first, everything should be covered including checkups, catastrophic, etc.</i>
Catastrophic	Business with HI	<i>I think that if they pass laws for mandatory HI, employers should only have to cover catastrophic. The employees should cover the extras. Groups should be able to get a good price for this, but it will force the employer to go out of business if the employer has to pay for all of this</i>
		<i>The basic package should be: hospital events, not therapy, or cosmetic.</i>
	Business without HI	<i>High deductible would be a bare bones policy to me. It would especially cover catastrophic.</i>
	Health and Soc. Serv.	<i>Catastrophic care should definitely be included</i> <i>Affordable insurance plans often only cover catastrophic – and catastrophes don't happen that often. Some coverage is "token coverage" – it covers such a limited amount of care that it's hardly worth anything, but these areas are still considered "covered."</i>

Table continues

Minimum Benefits, con't

Theme	Group Type	Representative Quote
Catastrophic	Uninsured	<i>Major illness/disease with follow-up medicine and care, not just for colds, etc.</i>
		<i>Catastrophic care should be a part of a bare bones along with basic general practitioner type care.</i>
Dental	Business without HI	<i>Dental would be nice, especially for children.</i>
	Ins. Agnts	<i>Dental insurance was the first that focused on prevention. Dental policies that paid 100 of bi-annual benefits. People take advantage of this and as such their overall dental health is better. This logic is extended to other areas such as breast cancer.</i>
	Providers	<i>Dental should be included, particularly preventive and diagnostic for children.</i>
	Health and Soc. Serv	<i>Restorative dental for adults would be good.</i>
	Uninsured	<i>Dental is important because dental problems can lead to other illnesses.</i>
Expanded Health Plan	Providers	<i>Include specialty and inpatient care, not just primary care clinics.</i>
	Health and Soc. Serv.	<i>Complete health perspective – physical, dental, vision, mental – mental illness (depression) affects everything else. Preventive also includes mental health because if (mental wellness) affects so many other things.</i>
	Uninsured	<i>Complete health perspective – physical, dental, vision, mental – mental illness (depression) affects everything else. Preventive also includes mental health because if (mental wellness) affects so many other things.</i>
Expectancy	Providers	<i>Problem in defining what health care should be provided. E.g., in vitro fertilization, plastic surgery reconstruction after a mastectomy. These are big-ticket items, public now expecting these are routine. Easy for HMO to become bankrupt by a few patients running up millions of dollars.</i>

Table Continues

Minimum Benefits, con't

Theme	Group Type	Representative Quote
Kidcare Expansion	Health and Soc. Serv.	<i>Expand Kid Care to cover adults.</i>
Limits	Providers	<p><i>Rationing or prioritization of health care: People need to have role in deciding what [they're] willing to pay for. Public need to be educated about this. Public has idea of good health being a right. Access to health care that's available is a right. Opportunity to purchase any services available on the market in a right. But not right to have \$500,000 bone marrow transplant that has no scientific basis.</i></p> <p><i>Most of health care is needed, not luxury care such as plastic, fertility care, braces, etc. If a person wants breast enhancement, for example, she should pay for it on her own, not through a health policy.</i></p> <p><i>Rationing health care is not popular among consumers though it is done everyday.</i></p> <p><i>Benefit packages need to be narrowed down so people know what they pay for.</i></p>
Managed Care System	Business without HI	<p><i>It would be the same as the HMO Act required.</i></p> <p><i>Managed care can be quite limiting in some cases. These may not be really good in some situations.</i></p>
	Uninsured	<i>Managed care is okay. I've been in it before. We hear too many bad things about it but it isn't that bad.</i>
Mandates	Business with HI	<i>20 years ago, the basic package was major medical, not sure of the definition, with X percentage paid by the individual. Over the years this has been changing, due to regulations. E.g., having to carry maternity benefits even though only one or two employees will need it. Hard to get back to the basic medical plan. Workplace related injuries are also getting out of control. It takes more to protect yourself as a business owner from being sued.</i>
Mental Health	Ins. Agnts	<i>Exclude mental disorder in some bare-bones policies.</i>

Table continues

Minimum Benefits, con't

Theme	Group Type	Representative Quote
Mental Health	Loc. Gov't	<i>Include Mental Health? Definitely YES. Special attention to rehabilitation services/substance abuse/occupational therapy.</i>
	Providers	<i>Mental should be part of some medical, but we have a long way to go to clarify this area.</i>
	Health and Soc. Serv	<i>Mental health is such an issue – Kane Co. has one of the highest suicide rates in the state. We need to help these people in the beginning, but once a doc has diagnosed you with “depression” your care is considered mental and that follows you and affects your ability to get insurance in the future, too.</i>
	Uninsured	<i>The costs for not providing fair and equal treatment to people with mental illness, for example, are great because those people receive little or no preventative treatment and thus show up in the hospitals.</i> <i>Rehab for drug/alcohol abuse would not be a high priority. Those people should be responsible for their problem.</i>
Misuse of Public Programs	Loc. Gov't	<i>That would work if they could afford the insurance. If you quit your job and then get more insurance than of course you won't work. We're footing that bill. You have to pick up this money somewhere.</i>
Pre-existing Conditions	Business with HI	<i>Question about what is a group. Would like to be able to give a different benefit package to a person who is sicker than the rest. But this isn't allowed. The advantage of being in a group is only in being able to afford it.</i> <i>Individual policies are not more expensive than group. The only advantage of group is being able to get insurance because some individuals couldn't get insurance.</i>
	Health and Social Serv.	<i>Require medical field to take all people, regardless of conditions.</i>

Table continues

Minimum Benefits, con't

Theme	Group Type	Representative Quote
Prescriptions	Loc. Gov't	<i>I would say prescription drugs with a low deductible.</i>
	Providers	<i>Drugs cost more because most people have insurance to pay for them, thus it makes defining this difficult.</i>
	Uninsured	<i>Medicine should be included.</i>
Prevention	Business with HI	<i>Most of us provide for some preventative care such as checkups, well baby etc.</i>
	Business without HI	<i>Preventative care would be really nice. It would keep costs down.</i>
	Ins. Agnts	<i>Prevention care clogs up the system. Doctors are seeing people with minor stuff all day. The office visit is too cheap and thus encourages people to go to the doctor for minor problems. If the co-pay is a little higher, this would keep people who really aren't sick out of the office.</i>
		<i>Medicine is a business. Prevention business can get expensive. Prevention care for the uninsured should be handled by public health organizations. Increase the safety net. Putting preventive care in the private sector would make the costs sky-rocketed.</i>
	Loc. Gov't	<i>Include prevention capabilities (i.e., annual physical) – "We need to think insurance with prevention."</i>
	Providers	<i>Preventative care has not been proven to make a real dent in day to day care. We do not know if this will prevent problems later.</i>
	Health and Soc. Serv.	<i>Screening. Regular checkups should be included.</i>
	Uninsured	<i>Mammograms/prostate? A lot of cost, so not in bare bones. People shouldn't be denied these tests, maybe split cost</i>

Table continues

Minimum Benefits, con't

Theme	Group Type	Representative Quote
Prevention	Uninsured	<i>Birth control should be covered – cheaper than pregnancy, raising a child.</i>
		<i>Checkups for adults and children should be free.</i>
Reasonable Deductible	Business without HI	<i>Deductibles of \$200-500 would be the most the employees can handle.</i>
		<i>A \$500 deductible would be hard to make according to one participant. A \$100 deductible would be better.</i>
	Ins. Agnts	<i>....deductible, that is, 80/20 coverage with some limits, more affordable, and individuals must share in costs.</i>
	Providers	<i>People who can pay for basic care should and those who can't should not. We have too many people who can afford to pay for basic care but only have a small co-payment while others who need basic care cannot pay for it.</i>
Rehabilitation	Business with HI	<i>Personal choice issues are coming up today. Like paying for substance abuse treatment. These additional areas are becoming accepted parts of HI packages. The big companies just throw this in to their employee benefit packages, forcing the small business owner to do the same, even though it's much harder to afford.</i>
	Health and Soc. Serv	<i>Rehab services, when necessary, need to be a part of it.</i>
		<i>Drug/alcohol counseling may be included with limits to how many relapses.</i>
	Uninsured	<i>Addiction assistance is necessary. So is rehab services.</i>
		<i>Rehab from traffic crash injuries would be important.</i>
		<i>Rehab for chronic conditions would be important. Hopefully, we would not ever need most of these things.</i>

Table continues

Minimum Benefits, con't

Theme	Group Type	Representative Quote
Sliding Scale	Providers	<i>A sliding pay scale may be a good idea. Many people can afford to pay for basic care while others may need to have it paid for.</i>
	Loc. Gov't	<i>If you have a high income than it should be adjusted.... Premiums should be programmed then according to your income.</i>
Vision	Health and Soc. Serv.	<i>Vision may need to be included.</i>
	Uninsured	<i>Eye doctors, dentists, etc. should be included in a minimum plan.</i>

XIII. Issues Regarding Affordability of / Funding Mechanisms for HI

Theme	Group Type	Representative Quote
Affordability	Loc. Gov't	<i>I never met a client who could afford COBRA.</i>
	Uninsured	<i>How much could I save if I need to buy milk? If I could afford, would already have insurance</i>
Patient Responsibility	Providers	<i>Patients don't want to do what they need to do, they want pill to cure the problem. There needs to be more responsibility put on patients.</i>
Universal Health Care	Providers	<i>We have models for universal care in England and Canada, and we see what happens. [People] come across the border to access health care, so they're not waiting years on lists for surgery.</i>
		<i>[We need] universal health care but with some element of personal responsibility added back in.</i>
Beneficiary Contribution	Loc. Gov't	<i>How much? \$50 (is affordable)Average out these ends (>\$50, <\$100), but \$110 (is not affordable).</i>
	Health and Soc. Serv.	<i>Making people pay something, makes them feel that they have some investment in their health.</i>
	Uninsured	<i>There should be some charge, even if it's small. It can't be free because someone has to pay for it. It has to be paid by someone in order to keep going.</i>
		<i>Paying some helps us feel that it is not a hand out.</i>
Choose Not	Loc. Gov't	<i>The problem with premiums is like a betting game. You are paying this money, betting you are going to use it some day. The biggest complaint that I hear is, 'What if we pay this much money and we never get sick?' ... If they want to pay it, they want to pay the smallest amount possible and take the biggest deductible.</i>
	Uninsured	<i>Health care is something you don't think about it unless it's in your face. I'm not going to set aside \$25 per month in case I break my arm in two years.</i>

Table Continues

Issues Regarding Affordability of / Funding Mechanisms for HI, con't

Theme	Group Type	Representative Quote
Controlling Costs	Loc. Gov't	<i>It's the business; it's not the people. It (the cost) should be regulated.</i>
Managed Care System	Uninsured	<i>I had to change doctors for my child, but I was happy to do it because of the fact that my children are now insured.</i> <i>What if HMO is only way to provide coverage? Wouldn't pay a dime for it, but would use if free. Depends on how extensive choice is. Don't want short list of cheap doctors (military experience).</i>
Mandates	Ins. Agnts.	<i>If mandates are added to the problem, it causes prices to rise; example is minimum wage – no one discusses the ripple effect of these types of policies.</i>
Medical Savings Accounts	Uninsured	<i>People who don't think about the future would not take advantage of this [medical savings accounts].</i>
Need Education	Health and Soc. Serv.	<i>Health education classes/seminars might also work as an incentive – if they attend these classes their premium can be reduced, etc.</i>
Rate Increases	Loc. Gov't	<i>Insurance was always free for the employees but you had to pay for your family. But worker's comp has driven it up.</i>
Reasonable Deductible	Business with HI	<i>Some of us cover our employees 100%; however, we often have to have fairly large deductibles, i.e. \$500.</i>
Reimbursement	Ins. Agnts.	<i>Medicare is responsible for high costs due to capitation. Forces providers to have high rates because they know they'll only get half back. They have to charge this same rate to the general public.</i>
Sliding Scale	Loc. Gov't	<i>It depends on what the income is. It can/should be set by a sliding scale. It is a value that intellectual people know they have to have it.</i>
	Health and Soc. Serv.	<i>For individuals – sliding scale (down to zero) would work best. This gets people into the healthcare system and then you can go from there.</i>

Table continues

Issues Regarding Affordability of / Funding Mechanisms for HI, con't

Theme	Group Type	Representative Quote
Sliding Scale	Uninsured	<i>The percentage is a good idea on a sliding scale, maybe up to 5% of salary.</i>
Stigma	Health and Soc. Serv.	<i>The biggest issue is really the stigma attached to being enrolled in public assistance programs – a tax incentive makes it look like a more private program, so it might be beneficial.</i>
Tax Incentives	Ins. Agnts.	<i>Businesses will respond to incentives. The people who are uninsured don't file tax returns and won't see a tax benefit. Employers do. And will benefit more from those types of incentives.</i>
	Health and Soc. Serv.	<i>Tax credits is a good idea. The profits from the Illinois lottery theoretically go to education, but it would benefit if part of that money went to public health care and programs. Also, tobacco money could be used as well. There are indirect ways like these to get money into the system.</i>
	Uninsured	<i>I have no income, so this [tax incentives] probably would not help me.</i>
Universal Health Care/Universal Insurance	Ins. Agnts.	<i>Single-payer is perceived to be the solution, but this will put a lot of people out of business like local pharmacists, providers. Already many insurance companies are dropping out of the HI business because it's not profitable.</i>
	Health and Soc. Serv.	<i>We all pay more when people don't get well care so getting health care to as many as possible may benefit all.</i>
	Uninsured	<i>Some other countries take care of their citizens and provide care. Ours should too.</i>

XIV. Crowd-out Concerns

Theme	Group Type	Representative Quote
Hassles	Business with HI	<i>Most of our employees would not drop the company insurance [in favor of an expanded state plan]. Depends on how the state does it, but the state usually restricts things so much that our employees would prefer to pay extra and stay with us.</i>
	Ins. Agnts	<i>Kidcare is an abysmal failure. Marketing poorly to insurance professionals. Management by committee. Good intentions, but poorly developed. Kidcare pays 50 dollar finders fee to insurance agent, but you absorb all other costs, plus the agents don't get any percentage of the benefit for all the work they do to help the client get connected to Kidcare.</i>
Less Gov't Control	Business with HI	<i>We're already paying for the public insurance programs now. I'm sure we would pay more for an expanded program.</i>
Switch to Public HI Programs	Business with HI	<i>[A public HI program] would have to really expand to affect my employees.</i>
	Ins. Agnts	<i>Not familiar with the term, but familiar with the phenomenon. Helped them drop the employer coverage and get into Kidcare. The employer insurance was too expensive. Could be a lot more if Kidcare etc was more successful. People don't understand Kidcare.</i>

XV. Raising Awareness/Marketing

Theme	Group Type	Representative Quote
Community outreach	Health and Soc. Serv.	<i>Salvation Army does a lot of outreach with Kidcare – making people aware of it and it's services. 80 families in the tri-cities applied for it, but WITH a Kidcare representative/worker – they would have never done that on their own though, because it's just too complicated.</i>
	Uninsured	<i>How about United Way advertising these programs?</i>
Employers	Uninsured	<i>When I hire people at my hotel job, we tell them about the local programs like KidCare. I have several single parents who now know how to find help.</i>
Government	Uninsured	<i>Something from the government.</i>
Health and Social Service agencies	Health and Soc. Serv.	<i>I work with the WIC program and those involved are told about Kidcare.</i>
	Uninsured	<i>The health department is a big help in getting information.</i>
Media	Health and Soc. Serv	<i>We use the Spanish speaking TV and radio to reach that segment of the population.</i>
	Uninsured	<i>I found out about KidCare from a national magazine. I doubted that I would qualify for it. I finally learned more about it at the state fair and finally applied.</i>
Multiple sources	Health and Soc. Serv	<i>There is a lot of information in print, but we need to do more with TV and radio for reaching people.</i>
	Uninsured	<i>I know they advertise on TV now. I see it on billboards, WIC offices, doctor's offices, and even the grocery store.</i>
Phone book	Uninsured	<i>Telephone white pages help me. I look for different departments and ask questions.</i>
Physicians	Uninsured	<i>Doctor's offices would be good to have this info.</i>
Schools	Uninsured	<i>The schools are really helpful. The teachers are really aware of the program today.</i>

Table continues

Raising Awareness/Marketing, con't

Theme	Group Type	Representative Quote
Word of mouth	Uninsured	<i>In smaller communities, people just learn from other people about available programs.</i>
Coordinated marketing	Uninsured	<i>There is no systematic system for learning what is available.</i>
Marketing legitimacy	Uninsured	<i>Wouldn't trust anything in mail or phone (direct marketing).</i>

XVI. Advice to Legislators

Theme	Group Type	Representative Quote
Litigation Costs	Providers	<i>Litigation issues need to be addressed. The idea of malpractice or retribution for unfavorable results should be taken completely out of criminal court system and put into a committee system to determine whether malpractice existed.</i>
Patient Responsibility	Providers	<i>Patients don't want to do what they need to do, they want pill to cure the problem. There needs to be more responsibility put on patients.</i>
Universal Health Care	Providers	<p><i>We have models for universal care in England and Canada, and we see what happens. [People] come across the border to access health care, so they're not waiting years on lists for surgery.</i></p> <p><i>[We need] universal health care but with some element of personal responsibility added back in.</i></p>

Nominal Group Technique Findings: Ideas for closing the HI gap

Theme	Group Types	Representative Quote
Cooperation Among all Entities	Local Gov't	<i>Input from insurance and medical industries on how to ease up/be accountable for health (insurance) costs.</i>
Cost Control Measures	Providers	<i>Need system to control cost of prescription drugs</i>
Cost Control Measures by Gov't	Business with and without HI	<i>Gov't influence to reduce the red tape/paper work to lower expenses</i> <i>Provide HI at community rating with government regulation.</i> <i>Mandate to control premium increases.</i> <i>Make HI more affordable and attractive to small businesses through legislation.</i>
Create Gov't Mandates	Health and Soc. Serv.	<i>State mandate to require large companies to provide hi to all employees in order to do business in Illinois.</i> <i>Businesses of a minimum size (e.g., 250+) should be mandated to provide HI to part-timers as well as full-timers.</i>
Education/paradigm shift	Ins. Agnts	<i>Educate and change expectations.</i>
	Providers	<i>Re-educate about what one's rights and responsibilities are.</i>
Guaranteed affordable HI for all	Business with HI	<i>Taxes for public employees equalized so that all have access to insurance, payment is the same for public and private employers.</i>
	Ins. Agnts	<i>Health insurance should be a guaranteed issue for all.</i> <i>Gov't subsidized plan.</i>
Increase efficiency of present system	Providers	<i>Benefit packages need to be reduced and standardized.</i>

Table continues

Theme	Group Types	Representative Quote
Increase/Improve Public Programs	Business without HI	<i>Small businesses have the option of buying into state plan.</i>
	Health and Soc. Serv.	<i>Fed. Gov't covers preventative and rehabilitative HI that will prevent people from needing to use Soc. Security and Medicare.</i>
		<i>Increase Medicaid coverage so state can do preventative and rehab care in order to reduce the number on total disability, social security, etc.</i>
		<i>Expand Medicare to include health promotion and rehabilitation which would result in savings related to seniors' use of high.</i>
		<i>State health care plan for those not covered by employer funded by redistributing state money from other resources, such as corrections.</i>
	Ins. Agnts	<i>Streamline public programs to better benefit all.</i> <i>Better I-CHIP plan.</i>
	Loc. Gov't	<i>Increasing Medicare to include 62, 63, 64 yr. olds, and add prescription drugs to Medicare.</i>
Insurance Industry to help develop and administer state HI programs	Business with HI	<i>Use existing insurance companies to administer and sell the state program.</i>
Insure fair share payment for medical costs/insurance	Providers	<i>Co-payment for all.</i> <i>Community Health Clinics based on sliding scales.</i>
	Bus. w/ HI	<i>Maintain a fee for service system to increase quality</i>
Local control and local access	Providers	<i>Integrate a healthcare delivery system that involves the whole community.</i>
	Loc. Gov't	<i>Increase access to care via local/satellite clinics</i>

Table continues

Theme	Group Types	Representative Quote
Longer term policies to distribute risk over time	Business with HI	<i>Make longer term contracts instead of renewing every year. The risk is averaged over a longer period of time, esp catastrophic.</i>
Policy favoring policy holder	Business with HI	<i>Allow healthy persons to individualize coverage within group coverage.</i>
	Business without HI	<i>Use health records of each person rather than statistics to determine rate - do not deny anyone coverage.</i>
	Loc. Gov't	<i>Reward policyholders with few claims, so not paying for chronic abusers.</i>
Purchasing Pools	Business with and without HI	<i>Create small business insurance group to get lower premium and larger numbers/can't exclude anyone</i>
		<i>Allow small businesses to form purchasing agreements.</i>
Separate HI from Employment	Providers	<i>Disconnect health care coverage from employment.</i>
Streamline and reduce Gov't Mandates	Ins. Agnts	<i>Fewer gov't mandates, if mandates then federal.</i>
	Health and Soc. Serv.	<i>Reform the paperwork reimbursement process to be streamlined and more timely.</i>
Tax Incentives	Ins. Agnts	<i>Health insurance tax credits expanded for small companies and individuals.</i>
	Loc. Gov't	<i>Tax incentives for employers to provide ins. to part time workers.</i>
	Providers	<i>Create a tax deduction for donation of services.</i>
Tax Incentives	Providers	<i>Incentives to encourage physicians to serve under-served populations.</i>
Tort Reform	Ins. Agnts	<i>Reduce liability claims to control costs.</i>
Universal Health Care/Insurance	Loc. Gov't	<i>Mandatory health ins., possible by gov't subsidies, and including menu of choices.</i>

Theme	Group Types	Representative Quote
Universal Health Care/Insurance	Business without HI	<i>National plan to cover everybody who needs it Provide universal health care.</i>
	Business with HI	<i>Govt. or other supported catastrophic health insurance plans.</i>
	Ins. Agnts	<i>Have a national health plan or insurance for all.</i>